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OF THE

CHRONIC INSANE.

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CARE OF THE CHRONIC INSANE.

There is no gainsaying the fact that insanity is steadily and somewhat rapidly increasing. Statistics compiled from year to year place this truth beyond doubt or dispute. Not only is the total number of insane persons growing larger, but the ratio of the insane to the sane is steadily becoming greater.

Nor can we comfort ourselves with the thought that this melancholy state of affairs is either local or temporary.

We have only to examine the statistics furnished by the various countries in which attention is given to social science in order to be convinced that this increase both in the total number of the insane and in the ratio of insane to sane persons, has been going on for many years and is a phenomenon common to all parts of the civilized world.

It is no part of our present purpose to inquire concerning the causes operating to produce this observed effect, or to seek means for the removal of those causes. It may be that those conditions of modern life which produce the trouble, are capable of correction by legislative action, by a less strenuous and more hygienic system of popular education, or by some other means to be discovered hereafter; or it may be that those conditions constitute a necessary and unavoidable part of our environment, and that in spite of all we may do, they must continue to work until, by elimination and selection, the race shall become fitter than it now is to endure the conditions enforced upon it by modern progress.

These are interesting questions, and they are likely to occupy a large share of attention at the hands of competent investigators. We have now to do with a practical problem forced upon our attention by this increase of insanity. While waiting for the solution of the intricate questions of cause and prevention, we have to deal practically with the fact that the number of the *pauper* insane is large, and still rapidly increasing. The cost of their maintenance is felt as a heavy burden, and however resolute we may be in our determination to bear the burden cheerfully, we cannot blink the fact that it imposes a heavy and increasing tax upon the industry

of the sane members of the community. The amount expended by the public for this purpose is great enough in every State in our country, to make an appreciable difference in the tax rates—to add a sum worthy of consideration to the amount that every direct and indirect tax payer must contribute to the public purse.

There is nowhere a thought of abandoning or neglecting the duty we owe to this most unfortunate and helpless class of our fellow beings. The public mean to discharge that duty fully, cost what it may, and no suggestion looking toward a less humane system than that now in use, for the sake of saving the public money or for any other purpose whatever, would be tolerantly listened to by the enlightened intelligence of our time. But may it not be practicable to lessen the public burdens on this account, without shirking the public duty? Cannot means be found by which the duty we owe to this class of unfortunates may be fully discharged at smaller cost than is involved in our present system? Is it not possible to reduce the cost of supporting the chronic insane without reducing their comforts, abridging their happiness or in the least degree lessening their small chances of complete or partial restoration to mental health?

These are entirely legitimate inquiries, and indeed it is the duty of those who are concerned in any way with the practical conduct of this matter, to prosecute such inquiries with all the earnestness of which they are capable. If means can be found by which to diminish the cost of caring for the chronic insane without injury to their welfare and happiness, the result must be clear gain in every way. And if, as there is reason to believe, the adoption of a more economical system may be made to increase instead of diminishing both the happiness of the patients and their chances of recovery, humanity as well as public policy must urge the making of such a change.

It is a pressing duty to inquire what can be done in this direction, what modifications we need to make in our present system, and how the best results of that system may be secured at smaller cost.

And first the question arises: why is our present system so costly? How did it come about that so expensive a system was adopted, not in one place, but well nigh everywhere, if a more economical method of caring for the chronic insane is practicable?

The answers to these questions will be found in the

history of insanity, and of the public attitude toward the insane.

In less enlightened times than ours, insanity was universally regarded as a demoniacal possession. Sometimes the sufferer was reverenced as the subject of inspiration, but the far more common opinion was that the victim of insanity was possessed of devils. He was not pitied as a victim, but censured rather as a sinner, inasmuch as the devils were supposed to enter only at the invitation or consent of the man into whom they came. Cruel treatment of the insane was held, therefore, to be both deserved—because of the individual sinfulness of the sufferer and necessary as a therapeutic agency—a means of driving out the devils. Accordingly the insane were incarcerated in loathsome jail cells, chained like wild beasts, or half-starved and wholly maltreated in poor houses.

Little by little this superstitious diagnosis gave way before intelligent investigation. Little by little the truth dawned, and men learned that insanity is disease or the symptom of disease, as truly as fever is.

Then a reaction took place. It was felt that careful and intelligent treatment at the hands of physicians might be hopeful in cases of insanity as well as in other physical ailments. But treatment in most cases of insanity was necessarily different when the patient was kept at home. Proper care and the intelligent execution of the physician's plans, were in most cases, out of question.

Moreover, it was impossible for the physician in ordinary practice, to give to an insane patient that measure of attention which was needed, and so long as physicians saw only the few cases of insanity that fell to their care in the course of general practice, it was impossible for them to make broad and thorough studies of the pathology and therapeutics of lunacy.

For these reasons, and because most of the insane require special supervision and restraint, it was early obvious that hospitals exclusively devoted to this class of patients were necessary. The hospital once established, soon became an asylum, also a house of refuge for hopelessly diseased minds. This was the natural course of development. But the reaction in the public mind already spoken of, soon took the form of works meet for repentance. As if groaning under an uneasy consciousness of its own former cruelty, the public sought to make atonement by lavishing compassion upon the class of afflicted persons who had before suffered

neglect and harshness. Where our forfathers dealt cruelly with the wretch who was supposed to entertain devils more or less willfully, we look with tenderest pity upon the victim of the most direful affliction known to man.

In our eagerness to express this passion in acts, we surround many of our insane fellow beings not only with every appliance for their comfort, and every safeguard against unnecessary sufferings, but in many instances also with every luxury that can be provided. Many of the hospitals we build are palaces in which we house them, and we place them in the midst of a life of idleness, such as ninety-nine out of every hundred of them never knew before. We exempt them not only from the usual responsibilities of life for which their malady unfits them, but also from that smaller measure of responsibility which they are generally capable of assuming, and the assumption of which would be positively beneficial in most cases.

All this is as it should be, so far as the feeling involved is concerned. It is right that we should cherish these unfortunates with loving compassion, and seek to bring as much of sunshine into their darkened lives as possible. But not every well meant effort of man is wise, and there are good reasons for believing that in our efforts to do our duty to the insane we have sometimes exceeded the limits of necessary expenditure, and have even wrought discomfort and unhappiness by our mistaken efforts to produce the opposite effects.

Let us take the character and cost of the buildings provided for this purpose as an illustration. The average cost of Asylums in this country is about *one* thousand dollars for each patient, some hospitals costing as high as five thousand dollars per capita. The best estimates on the other hand, show that the average cost of housing the people of this country in their separate homes is less than two hundred and fifty dollars per capita. This estimate includes even the costly homes of city millionaires whose insane relatives are rarely found in public institutions, so that an average of two hundred and fifty dollars per capita is considerably more than the cost of housing the great mass of the American people. It follows that we lodge our insane four or five times more expensively than the people generally are lodged. We take them from ordinary homes at best, and from hovels in many cases, and place them in duress palatial, and it is proper to inquire whether so radical a change is either necessary or conducive to the happiness of the patients.

It is proper to ask whether the chronic insane might not be housed equally well at less expense, and whether in other ways the cost of their maintenance might not be reduced without in any way reducing their comfort or interfering with their welfare. We believe that this may be accomplished easily, not only without injury, but with positive benefit to them and greatly to the increase of their happiness and comfort. This conviction rests firmly upon well understood facts in mental hygiene, and upon the results of practical experiment.

It may be laid down as a rule to which there are no exceptions, that human nature requires employment. Work is an essential condition of happiness and even of comfort. Idleness, except as a brief relaxation from work, is a source of weariness, unhappiness and ill-health both of body and mind. It is only within the narrowest limits that what we call the luxuries of life, contribute to human enjoyment and content. A life of habitual idleness in the midst of luxurious surroundings is always and everywhere a life of morbid discontent. These are truths which every student of human nature recognizes. We know that in work, and especially in self-supporting, responsible work, we find the only real balm there is in Gilead, the only condition essential to the well being and comfort of body and mind.

And yet in our dealings with the insane, we too often forget these truths, and act as if they were the exact reverse of true. We shut up these unfortunates within palatial asylums, where they are condemned to lives of listless idleness, without occupation and void of all responsibility. We give them nothing to do, and rob them of healthful self care. Their lives are regulated for them. Their wants are supplied without effort or responsibility of their own. They are condemned to the daily contemplation of their own and others' afflictions. They are invited, nay even compelled, to resort to introspection as their only sure intellectual occupation. We do indeed seek to provide amusement for them, but there is no seriousness, no earnestness of purpose, no absorbing interest in such occupations as are possible to the majority of patients in an ordinary asylum.

It is not necessary to enlarge this account of the prevalent idleness, ennui, discontent, and other conditions which exist in nearly all asylums, and which must continue to exist until a change is made in the system.

The nature of the evil suggests the remedy. We need to recognize the fact that a great number of the chronic insane have a positive and urgent need of daily employ-

ment at some obviously useful work. Most of them would be better and happier, too, if more simply housed in smaller masses than at present. In other words, most of them need to live more natural, more industrious and more responsible lives than they do or can under the existing system, and conditions of greater healthfulness and comfort may be found, we are convinced, in a system looking toward the less costly management of asylums.

In such a system there is room for considerable variety with respect to details, but my own experience and observation lead me to the conclusion that the best solution to the problem is to be found in the substitution of large farms for the large asylum buildings. There should be provided not less than an acre for each inmate up to one thousand, and half an acre for each inmate in excess of that number. Upon such a farm the chronic insane should be housed simply but comfortably, not in one large building but in several of smaller dimensions, which can be built, ventilated, drained and maintained at less expense. The inmates should be encouraged to work — each according to his capacity — some in tilling the ground and others at various mechanical employments, each contributing something toward the support of the Institution, and all enjoying the benefits, bodily and mental, which arise from regular responsible industry, and from a consciousness of personal usefulness. The work should for many reasons be voluntary, and experience shows that the desire to work is sufficient inducement to prompt many to share in the employments going on about them. It will be for the physicians and attendants to restrain undue eagerness and to see that each patient performs only so much labor as is good for him. They should treat the work chiefly as a hygienic and therapeutic agency — as a means of promoting the health and happiness and, above all, the contentment of their wards. But the work must be of a useful kind in order that the patients may be interested in it, and it should be made to contribute to the support of the workers, both for their sake and in the interest of economy. The cost of the buildings necessary to the carrying out of such a plan, will be much smaller than the necessary cost under the prevalent system, and the cost of maintaining the patients — as experience shows — is also less than in an ordinary Asylum, while the work done by the inmates in farming, gardening, road-repairing, etc., may be made to defray a considerable portion of this reduced expense.

This plan of asylum constitution and management is suggested not less in the interest of the patients than in that of a public which is heavily taxed for the support of the insane. There can be no doubt that the universal human need of healthful employment for mind and body exists with the insane as well as with the sane, and the observations of hospital physicians shows that the insane, at least many of them, eagerly welcome every opportunity for such employment.

But in addition to the teaching of ordinary observation in this direction, we have some notable testimony in the reports of extended experiment, and such testimony uniformly shows that the insane feel the need of precisely what it is here sought to give them, namely, a more natural daily life, free access to the open air, a sense of release from restraints of asylum life, earnest work and a qualified responsibility for themselves and their support.

With respect to one of the two features of the plan suggested, namely, the cheaper and simpler housing of the insane, I may be allowed to cite some passages from my report of our enforced experiment at Anna during the summer of 1881. The burning of a wing of the asylum in April of that year compelled us to furnish temporary quarters for two hundred and sixty-four patients. A simple building or barracks, well ventilated and drained, furnished with hot and cold water, and lighted with gas, was erected at a total cost of only thirty-seven dollars per capita for the patients it accommodated, and the results of its occupation were so favorable in every way, especially in the gratification of the patients, that the structure, although intended at first only to serve a temporary purpose, is now being completed for permanent use. I quote as follows:

"The patients assigned to these quarters were chronic cases, a considerable portion of them being demented, epileptic, or paralytic. In noting the result of this forced experiment, we observed that the change was highly pleasing to these afflicted people. A poor, demented, old man who had been unable to get out of the hospital with the others in their daily walks exclaimed, 'I thank God my foot is on the ground once more.'

"They delighted in the free, open air of the court yards, which, by the way, were well shaded with forest trees and amply furnished with seats. They lost the sickly pallor usually observed among patients kept within walls. The ample space left each man free to exercise in his own peculiar way without infringing upon

the privileges of his neighbors; and consequently the irritation and assaults, especially among the epileptics, provoked by limited quarters, and personal contact, have been reduced to the minimum. During the entire season there have been but three or four occasions to use restraint, and those arose from epileptic excitement. These patients have been remarkably healthy during the season, no case of serious disease having originated or developed among them. They have been contented and the number of escapes has not been more than in previous years.

Sleeping as they have in such large associate dormitories seems to have had the effect to keep them more quiet, and with the exception of occasional excitement from epileptic attacks, there has been no more disturbance than might have occurred had the same number of sane people been lodged in the same room. Those who had previously been noisy and disturbed their neighbors, while occupying single rooms or small dormitories, out of consideration for others, or in consequence of the restraining influence of numbers, and the eye of the night attendant, became quiet and acquired the habit of keeping still, if not of sleeping well. In fact a general improvement has been observable both in physical and mental conditions."

The Asylum at St. Joseph, Missouri, met with a similar misfortune in 1876, which forced upon the management the necessity of providing temporarily for their patients during the reconstruction of the Hospital.

In the biennial report of that institution for 1881, the Superintendent, Dr. Catlett, asserts that his experience in providing for the insane in cottages and farm dwellings, during the reconstruction of the hospital, a period of fourteen months, has in his judgment established the expediency and practicability of providing for all classes of insane in far less expensive dwellings than the model asylum edifice. The Doctor notes particularly the beneficial effects of the free out-door life upon the irritable, excitable and enfeebled patient. He concludes his remarks upon the subject in the following language:

"I extract from the valuable crucible of experience lessons in therapy and provisions for insane, which tend to convince me that the model asylum edifice of this era of psychological activity is perhaps erected both at the too great expense of the humane public, as well as opposed to the best hygiene and curative interest of the improved and chronic insane; or, in other words, I am almost persuaded to assert my belief that less expensive segregated cottages, erected on asylum farms, for the treatment of the improved and chronic insane, sufficiently near the main edifice where all can be under one supervision,

and where exchange of patients may readily be made, when the condition of the patient requires it, would be a very great improvement in the present mode of provision and treatment of the insane."

It is to the Willard Asylum of New York, however, that we must look for the best light of experience with respect to both features of this plan. That asylum was organized as a well considered experiment. Its purpose was to separate the chronic from the acute cases, and separately to maintain the chronic insane at less cost and in better conditions than are possible under the mixed asylum and hospital system.

The experiment has passed from its experimental stage and is a pronounced success, so that the results achieved may be fairly regarded as those that must follow every well conducted scheme of a similar kind. In addition to such farm, garden and mechanical work as is contemplated in the farm plan here suggested, the patients at Willard Asylum have been employed upon special undertakings connected with the institution or conducing in some way to its better and cheaper conduct.

In the report of the Trustees for 1882, we read as follows:

"Under the permission granted by the last Legislature a road bed has been cleared and graded, four and one-third miles in length. The work was not enforced from patients, but was voluntarily and cheerfully performed. Although occupied for over three months almost continuously, they closed the work in better health, improved in both mind and body, than when they commenced. * * * It required more effort to restrain overwork on the part of the industrious than to induce the labor of others. Judged by this experiment, in which one hundred and fifty to two hundred able b died lunatics were laboring together, the inference is conclusive that under proper management and with due care it is not only safe for them to labor, even in unusual occupations, but that it is conducive to their mental comfort and health. Employment diverts from morbid fancies and troublesome hallucinations."

The testimony of the Medical Superintendent is to the same effect. He speaks confidently of the great influence regular occupation is "known to exert upon the health, comfort, quietude, and contentment of the insane, particularly the insane of the chronic class."

Upon the plan which seems to me to offer the best and surest solution of the problem, such work as railroad building is not contemplated. The scheme looks chiefly to the employment of the chronic insane in man's most natural work, namely the cultivation of the soil. I would have the state provide large asylum farms, each capable of comfortably accommodating a large number

of persons and affording them abundant occupation. Upon these farms should be built structures of moderate size and cost, well ventilated and drained, and placed at convenient distances from each other. In these buildings the chronic insane can be housed at much less cost per capita than at present, with greater freedom of access to the air and sunshine at all hours. The able-bodied men should be expected to cultivate the land in farm and garden crops suitable for the maintenance of the institution. Those who understand mechanical trades should be set to work at them, chiefly at asylum work.

The women can be employed at ordinary women's work — household labors, sewing, etc. In brief, all the patients should be made to live as nearly as possible after the manner of sane people, each group constituting a household under the general charge of proper attendants, in which the inmates may live comfortably rather than luxuriously, while contributing by their labor to their own support. We have sufficient experience already to be certain that a scheme of this nature is entirely practicable, and if the plan is ever generally adopted, experience from year to year, will point the way to its gradual perfection in details.

The considerations in favor of the adoption of some such plan may be summarized as follows:

1st. It should greatly cheapen the cost to the public of supporting the chronic insane, whose support in model asylums is now a very serious burden upon the industry of the people.

2d. It will benefit the insane themselves, improving their physical and mental health, increasing their comfort, and freeing them from conditions which tend to morbid introspection and discontent.

The only objections that can be urged against the plan are founded either in a mistaken notion of duty, or in a misapprehension of the conditions which best promote their welfare and happiness. Upon this point I cannot better present the true view than by quoting a passage from the report of the Medical Superintendent (Dr. John B. Chapin) of the Willard Asylum, for 1882. Dr. Chapin writes as follows:

It would be a matter of regret if any erroneous impression should prevail relative to the employment of such insane persons in asylums who, in the judgment of the physicians, have the capacity and strength to work. Patients and their friends have sometimes, though quite rarely, ventured an opinion that having gained admission to an asylum, or being committed against their will, they were entitled to a generous

support in ease. We know of no principle of social ethics which exempts any member of society from contributing according to his capacity, to his support, neither can there be any valid objection to the application of the avails of the labor of the insane, situated as they are here, to the reduction in some measure of the cost of their support. Labor, employment and occupation are the common lot and burden of the larger portion of every community. No one claims exemption from conditions, which all human experience shows to be, on the whole, most conducive to health, happiness and contentment. If these principles may properly be said to be applicable to the sane, they are in a qualified sense to be borne in mind in devising a system for the care of that portion of the insane who are in that stage of their disease in which they do not require the administration of medicine, or for those who are not suffering from appreciable physical infirmity. We refer, of course, to the able-bodied chronic insane. They need plans of buildings adapted to their varied and variable state. They need, as nearly as practicable, the surroundings of domestic life and facilities to carry on the occupations to which they have been accustomed when sane. They should be brought as closely as possible in accord with the duties, occupations and relations that have governed them when sane. The central thought outlining any systematic employment of the chronic insane must needs regard occupation as one of the great moral agencies which may be brought to bear upon the disordered mental state, with the hope of converting the operations of the mind into normal channels of thought and action. The results of continued and prolonged occupation cannot be more strongly expressed than by reiterating the statement made in a previous report, that the diversion of "a large proportion of the insane from a mental state in which they are incapacitated for self-support or self-preservation to their ordinary avocations, is a result to be achieved, second only to recovery. The habits, sleep and physical condition are improved, life is rendered more tolerable, mental quietude is promoted, and paroxysmal excitement is lessened."

